

FD-484 (Rev. 6-3-82)

INSTRUCTIONS: Please  
sign and return one of  
the two enclosed copies.

This is to advise you, in conformance with the Privacy Act of 1974, that the information solicited from you by personnel of the FBI is needed to complete background inquiries required by the authority granted in Title 28, Part O, Subpart P, Paragraph 0.85, Subparagraph C, Code of Federal Regulations. The furnishing of this information is voluntary on your part and will be used to determine your eligibility for access to FBI space or certain FBI material. You should also be aware that willfully making a false statement or concealing a material fact could be a basis for refusing you access to FBI space or certain FBI material, and may constitute a violation of Section 1001, Title 18, United States Code.

You are not required to execute this form; however, if you do not, this refusal may result in the inability of the FBI to obtain information necessary to complete background inquiries and thus lead to a denial of your request for access to FBI space or certain FBI material.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

FD-816 (1-22-93)

ACCESS OF NON-FBI PERSONNEL TO FBI FACILITIES  
BACKGROUND DATA INFORMATION FORM  
(COMPLETE ALL ITEMS)

Name (Type or Print Legibly)		Other Names Used (Maiden name and alias)	
Residence (Include City and State)		Social Security Number	
Date of Birth Month/Day/Year	Place of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Company Name & Address		Supervisor & Telephone Number	
U. S. Citizenship: <input type="checkbox"/> By Birth <input type="checkbox"/> By Naturalization <input type="checkbox"/> By Other			
Location Naturalized		Date Naturalized	
Alien Registration Number	Location Registered	Date Registered	
Have*you ever <u>been charged</u> with or convicted of any felony offense		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever <u>been charged</u> with or convicted of a firearms or explosives offense?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there <u>currently</u> any charges pending against you for any criminal offense?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you <u>ever been</u> charged with or convicted of any offense(s) related to alcohol or drugs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
In the last 10 years, <u>have you been</u> arrested for, charged with, or convicted for any offense(s) not listed above? (Leave out traffic fines less than \$100)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, or if you have any doubts (e.g.-expungement, pardon etc.) furnish details on back of form. Attach additional sheet, if necessary.			
Have you ever lived in or visited a foreign country <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, furnish details. Attach additional sheet, if necessary.			

## CERTIFICATION THAT MY ANSWERS ARE TRUE

I have read and understand each of the above questions. My statements on this form, and any attachments to this form, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both and will be reason to deny access to all FBI facilities.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in Ink)

<b>APPENDIX G: NDIS REQUIRED FORMS FOR CODIS USERS</b>	Page 3 of 3
<b>CODIS OPERATING POLICIES AND PROCEDURES MANUAL</b>	Issue No.: 3
	Effective Date: 17-June-2005

  

**CODIS User Information**

  

\_\_\_\_\_

(First name)                      (Initial)                      (Last name)

  

\_\_\_\_\_

Title

  

\_\_\_\_\_

Laboratory ID (ORI)

  

\_\_\_\_\_

User ID    Email ID

  

\_\_\_\_\_

Telephone Number

  

\_\_\_\_\_

Start Date

  

Is this user a qualified DNA Analyst?

\_\_\_\_\_                      \_\_\_\_\_

Yes                                      No

  

Is this user Contract Laboratory personnel?

\_\_\_\_\_                      \_\_\_\_\_

Yes                                      No

  

Is this user currently performing DNA analyses or accessing CODIS?

\_\_\_\_\_                      \_\_\_\_\_

Yes                                      No

  

If No, list stop date for this user: \_\_\_\_\_

  

Comments: \_\_\_\_\_

\_\_\_\_\_

◆END